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FM AMEMBASSY RANGOON

TO RUEHC/SECSTATE WASHDC 7597

RUCNASE/ASEAN MEMBER COLLECTIVE

RUEHB/HBJ/AMEMBASSY BEIJING 1878

RUEHB/HBY/AMEMBASSY CANBERRA 1191

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RUEHBS/USEU BRUSSELS

RUEKJCS/JOINT STAFF WASHDC

UNCLAS SECTION 01 OF 03 RANGOON 000379

SENSITIVE

SIPDIS

DEPT FOR EAP/MLS, SES-O

BANGKOK FOR REO OFFICE, USAID/RDMA, USAID/OFDA  
PACOM FOR FPA

E.O. 12958:N/A

TAGS: ECON TBIO EAID SOCI PGOV AMED BM

SUBJECT: BURMA: HEALTH SITUATION IN IRRAWADDY DELTA

REF: A) RANGOON 376 and previous

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**¶1.** (SBU) Summary. According to the World Health Organization (WHO), health conditions in the Irrawaddy Delta continue to deteriorate, as hundreds of thousands of people lack access to food, potable water, shelter, and medicines. Shipments of water were beginning to reach the delta and a senior WHO medical officer encouraged international donors, including the U.S., to continue to send bottles of water with our relief supplies. Health professionals remain concerned about the spread of diseases, including cholera, dysentery, and measles. Many people in both Rangoon and the Irrawaddy Delta suffer from diarrhea and dehydration as a result of post-Nargis conditions, although the Ministry of Health (MOH) has yet to confirm any cholera cases. The MOH has sent more than 150 medical officers to Irrawaddy Division to provide medical treatment, medicines, and supplies to thousands of displaced people living in more than 70 temporary camps and shelters. The MOH claims there is no shortage of doctors in the delta area; instead the challenge is how to best deliver medicines and treatment to the people. Working with Ministry of Health and NGO officials on the ground, UN agencies have provided water purification tablets, basic medicines, cholera test kits, tetanus shots, and measles vaccinations for those in need. End Summary.

Medical Care in Irrawaddy

**¶2.** (SBU) According to Dr. Nihal Singh, the WHO Medical Officer responsible for coordinating cyclone-related health assistance, health conditions in the Irrawaddy Delta continue to deteriorate.

Hundreds of thousands of people have been displaced from their homes and are living in unsanitary conditions in more than 70 camps and shelters, located in schools, churches, and monasteries across the region. They have limited access to potable water, food, and medicines. Dr. Singh confirmed that Cyclone Nargis destroyed the majority of health facilities in the Irrawaddy Delta, including the private medical clinics where more than 80 percent of the local population had previously sought care. Many Ministry of Health (MOH) townships clinics and laboratories were also destroyed. The WHO reported that larger local hospitals, including the Bogalay General Hospital and Labutta General Hospital, remain open for business, although they lack electricity, basic medicines, and available beds. Hospitals are only providing basic care, Dr. Singh noted.

¶13. (SBU) MOH officials claim that while there is an overall lack of medical facilities, there is no shortage of doctors to provide necessary care. Dr. Singh emphasized that MOH doctors are not the only ones providing care. Many private doctors from Irrawaddy Division and Rangoon have traveled to the affected areas to assist. PSI Country Director John Hetherington told us that many PSI Sun Clinic and staff doctors traveled to Irrawaddy Division to provide free care to patients in need. Additionally, MSF-Holland sent 35 medical staff to the Delta region, where they set up temporary clinics for medical consultations and treatment. Other NGOs, such as Merlin, Medicins du Monde, and Malteser, also sent medical teams. In addition to providing doctors, NGOs such as Save the Children, CARE, PSI, and Action Contre la Faim (ACF), are also providing relief supplies, such as water purification tablets, mosquito nets, food stuffs, and medical kits, Hetherington stated.

¶14. (SBU) WHO assessment reports confirm that local hospitals and  
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doctors in the affected areas continue to treat hundreds of patients with cyclone-related injuries. Many hospitals, including the 50-bed hospital in Bogalay, are full, so doctors can provide only outpatient services, primarily for trauma, acute respiratory infection, and diarrhea. Dr. Singh noted that hospitals often have long lines during the day as people queue for care. Embassy contacts witnessed the Bogalay General Hospital turning away patients. There is a shortage of basic medicines, he emphasized. The WHO and other UN agencies continue to provide hospitals, clinics, and doctors with medicines, basic first aid kits, and surgical masks and gloves.

¶15. (SBU) In addition to providing relief supplies and health treatment, UN agencies are also conducting assessments of the health situation in the Irrawaddy Delta, Singh stated. UNICEF staff are monitoring hospitals and clinics in Bogalay, Labutta, and Ngapudaw and should release a report on available services by the end of the week. The WHO on May 10 sent eleven medical officers to the affected areas to identify the greatest health needs and conduct disease surveillance.

No Confirmed Outbreaks of Cholera

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¶16. (SBU) According to Dr. Singh, there is a significant threat of water and vector borne diseases, particularly cholera, typhoid, and dysentery, so access to clean water is the highest priority. While the UN, GOB, and NGOs are providing water purification tablets and bleach powder to those living in infected areas, the shortage of water containers in the Irrawaddy Delta makes it difficult to treat and store potable water, Dr. Singh admitted. Shipments of purified water have begun to reach the Delta, and he encouraged international donors, including the U.S., to continue to send bottles of water with our relief supplies.

¶17. (SBU) Dr. Singh disputed news reports of cholera outbreaks in the Irrawaddy Delta and Rangoon, although he acknowledged many reported cases of diarrhea and dehydration, particularly among children, in the cyclone-affected areas. Outbreaks of diarrhea in this situation are normal, he opined, noting that people were living in unsanitary conditions with limited access to clean water. However, just because someone has diarrhea does not mean they have

cholera, he noted. The MOH is conducting stool sample tests at the Pathein laboratory to determine whether there was a cholera outbreak in the region. Sample testing takes a minimum of three days; the MOH has yet to confirm any cholera cases as of May 13, Dr. Singh informed us.

¶8. (SBU) The WHO is also monitoring cholera outbreaks in Rangoon. According to WHO figures, there have been more than 150 diarrhea cases and 40 dysentery cases in two townships in Rangoon since the cyclone. Private doctors and government hospitals continue to refer potential cholera cases to the government-run Webagi Hospital, which handles all infectious disease cases. To date, there have been no confirmed cases of cholera in Rangoon. WHO and MOH officials continue to monitor the situation closely.

Combating Other Diseases

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¶9. (SBU) While cholera and dysentery are the most immediate threats to health in the affected areas, the MOH and WHO remain concerned

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about other infectious disease epidemics, including malaria, dengue, and measles. Those providing health services in Irrawaddy Division, including NGOs, are using the WHO disease surveillance form to collect and report on any diseases. Using this information, WHO officials monitor the situation and can prepare to treat any epidemics, should they occur, Dr. Singh observed.

¶10. (SBU) Doctors in Labutta, Bogalay, and Pyapone on May 11 began administering measles vaccines and vitamin A shots, provided by UNICEF, to children under 10 years old living in temporary shelters.

Tetanus shots should be available in the next few days, Dr. Singh noted. Doctors in the region have also begun to watch for malaria outbreaks, and should use WHO-donated malaria rapid test kits to detect the disease. UN agencies and international donors continue to provide internally displaced persons with long lasting insecticide-treated mosquito nets to ward off malaria and dengue.

Comment

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¶11. (SBU) The death toll from Cyclone Nargis is already high - the UN estimates that approximately 100,000 people are dead or missing. As health conditions in the Irrawaddy Delta continue to deteriorate and access to clean water remains limited, the number of deaths could increase dramatically. Without relief supplies, people will die from dehydration, cholera, and other infectious diseases. The UN and many NGOs have begun successfully delivering relief supplies to some of the people, but supplies of clean water, food, and medicines remain far short of the needs. Continued U.S. assistance will help meet the needs of the two million Burmese affected by the cyclone and will help save thousands of lives.

VILLAROSA